

**Ambulatory Surgical Center  
Provider Type 36  
902 KAR 20:106**

**Information about the program:**

- Provider cannot be an individual.
- Out-of-state providers may enroll.
- The facility administrator or director must sign all forms.
- Provider must obtain a Certificate of Need.
- Provider must have “bricks and mortar”.
- In-state providers must contact OIG for a survey.
- DMS will not assign a provider number to in-state facilities unless a survey has been received.
- Any changes to in-state facilities must be directed to OIG immediately.
- Procedures and services are subject to prior authorization by Peer Review Organization (PRO).

**Additional Information to be submitted by the provider for application processing:**

- MAP-811 Non-Credentialed
- MAP-811 Addendum E
- State license (current and reflecting requested enrollment date)
- Medicare letter of certification
- CLIA (if applicable)
- W-9
- NPI and Taxonomy Verification

**Important addresses:**

- Office of Inspector General  
275 East Main Street  
Frankfort, KY 40621
- KY Medicaid  
Provider Enrollment  
P.O. Box 2110  
Frankfort, KY 40602